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								Application or Docket Nur				nber		
PATENT APPLICATION FEE DETERMINATION RECO Effective November 10, 1998							RD		04/ 433			3300		
CLAIMS AS FILED - PART I (Column 1) (Column 2)							_	SMAI		ENTITY	OR	OTHER SMALL		
FOR NUMBER FILED NUMBER EXTRA						RAT	Ε	FEE	7	RATE	FEE			
BASIC FEE								380.00	OR	-	760.00			
TOTAL CLAIMS			`	* minus 20= *					X\$ 9	=		OR	X\$18=	
INDEPENDENT CLAIMS / minus 3 = *						X39=			OR	X78=				
MULTIPLE DEPENDENT CLAIM PRESENT								+130			OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTA	_	200	OR	TOTAL		
CLAIMS AS AMENDED - PART II									_	7.30	10.,	OTHER	THAN	
(Column 1) (Column 2) (Column 3)								SMAL	L E	ENTITY	OR	SMALL	•	
AMENDMENT A		REMA AF	NMS NNING TER DMENT		PI	HIGHEST NUMBER REVIOUSLY PAID-EOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON.	Total	. 2	0	Minus	Ach	7	=/		X\$ 9=			OR	X\$18=	
AME	Independent FIRST PRESE	*	1 05 14	Minus	***		<i>F</i>		X39=			OR	X78=	
	FIROT PRESE	MANO	N OF MI	JETIPLE DE	ENL	DENT CLAIM			+130=			OR	+260=	
·							L	TOT	_ 6	-	_	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)								,	NDDIT. FE	: E IL			ADDII. FEE!	-
AMENDMENT B	7	REMA AF	UMS UNING TER DMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. /	9	Minus	**	20	- /		X\$ 9=		/	OR	X\$18=	
AME	Independent FIRST PRESE	* Z	7 NOE MI	Minus	AAA		= /		X39=	1		OR	X78=	
	TINOT PRESE	MIAIIO	·	CITCE DEF	CINL	ZENT CLAIM			+130=			OR	+260=	
								A	TOTA DDIT. FE		/	OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)														
AMENDMENT C		CLA REMA AFT AMEND	INING ER		PF	HIGHEST NUMBER JEVIOUSLY PAID FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=	Γ	X\$ 9=	T		OR	X\$18=	
	Independent	*		Minus	WAR		= .	ŀ		+		,		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						L	X39=	╀		OR	X78=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.														
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.														

FORM PTO-875 (Rev. 11/98)

*U.S. Government Printing Office: 1999 — 459-072/19142

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